PTO-SB-06 (08-00 Approved for use through 10/31/2002, CMB 0651 4037 U. S. Peters and Treatment Office; U.S. DEPARTMENT OF COMMERCE U. S. Peters and Treatment Office; U.S. DEPARTMENT OF COMMERCE										
PATENT APPLICATION FEE DETERMINATION RECORD Application or Docker Number 683,6/6										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL	LENTITY	OR	OTHER TO	
POR		NUMBE	UMBER FILED		NUMBER EXTRA		E FEE		RATE	FEE
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TOTAL CLAIMS OF CTRILLEGIE		2	O minus	20 -	0	x \$	- 0	OR	xs -	
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MULTIPLE DEPENDENT CLAIM P			SEVT O	UPR 1.16(0)	٥	+	- 0	OR	+ -	
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CLAIMS AS AMENDED - PART II 12-5-55 (Column 1) (Column 1) (Column 1)							LENTITY	OR	OTHER TO	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	addi- tional fee
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۲	FIRST PRES	ENTATION OF ME	LTIPLE DEP	ENDENT CLAIM	COLCURE F (464)	1	_=	QR	·	
3/:	21/06 (Ookman 1) (Ookman 2) (Ookman 3)						L E	OR	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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•	FIRST PRES	ENTATION OF M	ULTUPLE DEP	ENDENT CLAIM	COLCER 1775(D)]}	- / \	OR	٠ <u></u> -	
(Column 1) (Column 2) (Column 3)							AL EE	OR,	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CR 11440						_=	OR	+°	
* 1f the entire in entirem 1 is large than the entire in column 2 series "9" in entirem 3								OR	TOTAL	

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* If the entry in octains 1 is less than the entry in column 2, write 'V' in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Business Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Business Number Tris form is extransed to whe 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required in complete this form should be seen to the Chief Information Officer, U.S. Petern and Trademont Officer, U.S. Policel and Trademont Officer, U.S. Po